

ECONOMIC AND COMMUNITY DEVELOPMENT INSTITUTE (ECDI)

GENERAL APPLICATION FORM

Please note: All information requested on this application form will be kept confidential within Economic and Community Development Institute partner organizations and evaluators. Much of the personal and financial information collected on this form is necessary only for evaluative purposes.

Upon the completion of this general application form and the submission of all required information to an ECDI staff member, you will be required to submit a non-refundable \$25 application fee (in cash, check, credit card or money order) to enroll in an ECDI Individual Development Account or Microenterprise Microloan program.

Primary Personal Information

Date _____ Date of Birth ___/___/___ Social Security No. ____ - ____ - ____

Applicant's Name: _____

Street: _____ Apt. #: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Work Phone: (____) _____

Cell Phone: (____) _____

Email: _____

Emergency Contact – Please list a relative/friend **not living in your household** who would definitely know how to contact you even if you moved:

Name _____ Phone (____) _____

Street _____ Apt. # _____

City _____ State _____ Zip Code _____

Gender: Female Male

Marital Status: Never Married Married Divorced Widowed
 Separated Other

Are you a single parent? Yes No

Total Household: # of Adults _____ # of Children _____

Other Personal Information

EDUCATION

Highest Level of Education Completed:

- | | |
|--|---|
| <input type="checkbox"/> Grade K through 4 | <input type="checkbox"/> Grade 5 through 8 |
| <input type="checkbox"/> Grade 9 through 11 | <input type="checkbox"/> High School Diploma or GED |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Graduate Junior College (2 year) |
| <input type="checkbox"/> College Graduate (4 year) | <input type="checkbox"/> Vocational School Graduate |

Applicant Name: _____ Social Sec. #: _____-_____-_____

- Some Graduate School Degree from Graduate School (MA/MS+)

Are you currently in school? Yes No

Where? _____

What course of study? _____

Expected graduation date? _____ Degree: _____

PROGRAM HISTORY

How did you hear about ECDI's Program(s)? _____

Do you have an existing relationship with our organization? Yes No

If yes, what is that relationship? IDA Micro loan Lynn Alley vendor Emergency Home Repair Ohio Housing Trust Fund Other _____

Have you participated in any other IDA Program? Yes No

If you answered yes, what was the name of the program? _____

Where was the organization located that ran the program? _____

How did you get to our office? Drove Bus Had someone drive me Other

RACE/ETHNICITY/LANGUAGE

Ethnicity: African American Caucasian Former Soviet Union Native American
 Hispanic Asian/Pacific Islander Somali Ethiopian Other _____

Level of English Competency: None Little Conversational Proficient

Country of Origin: _____ Native Language: _____

Green Card/I94#: _____ Date of entry into the U.S.: _____

What is the primary language spoken in your household? _____

If not English, is English also spoken?

- Yes
 No

Area of Residence:

- Rural area
 Urban area, not inner city
 Inner city
 Suburban

Employment Information

Primary Employment Status (*choose one*):

¹ Exhibit A

Applicant Name: _____ Social Sec. #: _____-_____-_____

Have you owned a business or been self-employed? Yes No

Have you ever worked in a family-owned business? Yes No

Have you ever had previous full time work experience in the U.S.? Yes No

Have you ever had previous part time work experience in the U.S.? Yes No

Employer Name: _____ Phone ____/____/_____

Address: _____

Your Title/Position: _____

How long have you worked for this company?

Where you ever employed in another country? Yes No

If you answered yes, where? _____

How long? _____

In which field? _____

CURRENT EMPLOYMENT STATUS (Choose One)

- Employed more than full-time (*overtime or more than one job, including self-employment*)
- Employed full-time (*including self-employment*)
- Employed part-time (*including self-employment*)
- Working and in school or job training
- Currently Seeking employment
- Laid off, waiting for call back
- Homemaker, not seeking employment
- Disabled, not seeking employment
- Retired, not seeking employment

Income and Expense Information

*Income of **all** household members – please list *gross earned income* (before taxes):

Monthly Gross Income: \$_____ from (check all that apply):

- Employment Self-Employment Government Assistance Child Support
- Pension, Retirement or Investment

Are you now receiving any of the following assistance from Ohio or Franklin County?

- Cash Assistance Food Stamps Housing Assistance SSI N/A

	Last Month	Typical Month	Last Year
Formal Employment (wages)	\$_____	\$_____	\$_____
Self-Employment (<i>selling things You make, doing laundry, sewing, childcare, etc.</i>)	\$_____	\$_____	\$_____
Government Assistance (<i>TANF, Food Stamps, SSI, Social Security,</i>			

Applicant Name: _____ Social Sec. #: _____ - _____ - _____

Unemployment or Veterans' Benefits

\$ _____	\$ _____	\$ _____
Pensions or Retirement Income \$ _____	\$ _____	\$ _____
Child Support/Alimony \$ _____	\$ _____	\$ _____
Friends or Family \$ _____	\$ _____	\$ _____
Investment Income \$ _____	\$ _____	\$ _____
Other (please specify: _____) \$ _____	\$ _____	\$ _____

* To Calculate Monthly Income:

Paid Every Two Weeks:	Average Pay Check x2.16 = Monthly Income
Paid Twice a Month	Average Pay Check x2 = Monthly Income
Paid Once a Month	Average Pay Check x1 = Monthly Income

* To Calculate Yearly Income: Monthly Income x12 = Yearly Income

Do you or does anyone in your household receive any of the following? (Check all that apply.)
 For all checked options please describe who in your household receives this assistance, how much assistance they receive, and how long they have been receiving assistance.

	Who	How Much	How Long
<input type="checkbox"/> TANF	_____	_____	_____
<input type="checkbox"/> TANF cash assistance	_____	_____	_____
<input type="checkbox"/> SSI or SSDI	_____	_____	_____
<input type="checkbox"/> Food Stamps	_____	_____	_____
<input type="checkbox"/> Earned Income Tax Credit	_____	_____	_____
<input type="checkbox"/> Unemployment	_____	_____	_____
<input type="checkbox"/> Workman's Comp	_____	_____	_____
<input type="checkbox"/> Veteran's Benefits	_____	_____	_____
<input type="checkbox"/> Disability	_____	_____	_____
<input type="checkbox"/> Alimony	_____	_____	_____
<input type="checkbox"/> Child Support	_____	_____	_____

Average Monthly Expenses \$\$ - Please fill in EACH box		
Rent/Mortgage: \$	Car Insurance: \$	Medical Bills: \$
Electric Bill: \$	Other Insurance: \$	Credit Card: \$
Gas Bill: \$	Child Support Payment: \$	Day Care: \$
Water/Sewer Bill: \$	Alimony Payment: \$	Cable Bill: \$

Applicant Name: _____ Social Sec. #: _____ - _____ - _____

Phone Bill: \$	Student Loans: \$	Food: \$
Car Payment: \$	Other Loans: \$	Other: \$

Assets & Liabilities

Do you own a vehicle(s)? yes no Value of vehicle 1: \$ _____

Outstanding vehicle loan: \$ _____

Value of vehicle 2: \$ _____

Outstanding vehicle loan: \$ _____

Do you own a home? yes no

Value of home: \$ _____

Outstanding mortgage: \$ _____

Do you own a business? yes no

Value of business: \$ _____

Outstanding loan(s): \$ _____

Do you own residential yes no
rental property or land?

Value of property: \$ _____

Outstanding property loan: \$ _____

Do you own stocks, bonds yes no
a 401k, 401(3)b, IRA
or other investments?

Value of investments: \$ _____

Do you have a checking account? yes no

Amount in account: \$ _____

Do you have a savings yes no
account (other than an
IDA)?

Amount in account: \$ _____

Do you owe money to yes no
friends and family?

Amount you owe: \$ _____

Do you have past due yes no
household bills?

Amount past due: \$ _____

Are you carrying a balance yes no
on credit card(s)?

Amount of balance(s): \$ _____

Do you have outstanding yes no
student loans?

Outstanding loans: \$ _____

Applicant Name: _____ Social Sec. #: _____-_____-_____

Do you have outstanding medical bills? yes no Outstanding balance: \$ _____

Have you declared bankruptcy in the past 3 years? yes no

Do you have health insurance? yes no

Do your children have health insurance? yes no

Do you have life insurance? yes no

Are you involved in a community activity? yes no

If yes, please check the appropriate boxes:

School (*child's or other*)

Church

Civic Organization

Other (*please specify: _____*)

How would you rate your relationship with your family? good fair poor

Financial Goals

What are your financial goals? _____

How much do you think you could afford to save each month? \$ _____
